

van den Berg Jeths and Mats Thorslund) and Germany (Reiner Leidl).

Three rather philosophical chapters consider the meaning of old age and medicine's response to it. Harry R Moody argues that decisions about health care allocation for the elderly will rely on what a society thinks old age means. Daniel Callahan compares technological medicine's attempts to extend the limits of morbidity and mortality with a more sceptical view of this process, based on the biological rhythm of the life-cycle. Paul van Tongeren explores why people might desire to extend their lives.

Four chapters develop further the issues of allocation of health care resources to the elderly. This is not just a question which concerns the elderly, as young economically active people largely bear the cost, thus straining the relation between young and old. Neither is it just a question of medical resources: provision of social services is an essential part of the total provision of care.

The role of the family in caring for the elderly is developed in two chapters. Recognising that families still provide the majority of care, an argument is made for supporting families more fully in this, and for more gender equality in sharing the caregiving burdens (Sarah Vaughan Brakman).

The final chapter (Ruud H J ter Meulen, Eva Topinková, and Daniel Callahan) summarises the recommendations of the two-year research project. In brief, these are: (1) that the future goal of medicine for the elderly should be a reduction in morbidity and disability rather than an explicit effort to increase average life expectancy, (2) that the maintenance of a firm sense of moral solidarity between the generations has become urgent, (3) that an integrated set of priorities for resource allocation between the generations should be pursued, (4) that the burden upon women in the care of the elderly cannot and should not be sustained, (5) that active efforts should be made to help the elderly to organise politically – this includes the need to make clear that no meaningful lines can be drawn between social, economic, and medical needs of the elderly, and (6) that there is a need for a public dialogue on the significance of old age in the common life of society.

This is a well-argued and well-presented collection of essays on the theme of providing care for the

elderly, and gains immensely from its wide-ranging and very well-informed authorship. The issues and arguments raised are not new. In fact, their importance is that they are growing in scale and urgency all the time. The problems are described, and very real attempts are made, if not to suggest solutions, at least to lay foundations for the kinds of solutions which might be found.

HUGH SERIES

*Department of Psychiatry of Old Age,
Oxfordshire Mental Healthcare NHS
Trust*

What Price Mental Health? The Ethics and Politics of Setting Priorities

Edited by Philip J Boyle and Daniel Callahan, Washington DC, Georgetown University Press, 1995, 243 pages, £34.95

This is an American book. It is part of a series on ethical issues in medicine and emanates from the Hastings Center. Necessarily, therefore, the historical, social and political material with which the themes of the book are illustrated belong to a set of traditions quite different from those in the UK. What, however, is highlighted by this contrast with the historical, social and political background to health care in the UK, is the universal nature of the ethical issues underlying the distribution of health care resources.

There is nothing new about the taking of decisions over the allocation of health care resources in general or the allocation of resources to mental illness in particular. The first part of this book describes, from a historical perspective, the various forces which have implicitly or explicitly led to determining the level of provision of those resources which have traditionally been allocated. The second part looks at particular recent examples of where the process has been explicit (Oregon), and not publicly overt (New York).

Against this background, in the third part of the book there is a discussion of the issues which have to be faced in any decision-taking process. In the first essay in part III, Daniel Callahan rejects the attempts at pseudo-objectification of health needs as exemplified by the Quality

Adjusted Life Year approach. He does this on the grounds that such approaches necessarily involve questions of value (in this instance – how the quality of life is to be determined) or produce absurd results (as for example in the approach adopted in Oregon where the straightening of crooked teeth was ranked above the treatment of Hodgkin's lymphoma) which then have to be corrected by the application of value judgments that the system was intended to avoid. Attention is drawn here, as elsewhere, to the problems of balancing resources between physical and mental illness (a dichotomy which it is argued has no basis outside prejudice), between mild (for example neurotic) and severe (for example schizophrenic) illness and between acute and chronic illness. In establishing such balances it is argued that there is no escape from "(1) stimulating public debate on some seemingly intractable and moral puzzles generated by rank-ordering efforts and in (2) creating a procedural method that will provoke a lively and perennial dialectical struggle between facts and data, on the one hand, and values and preferences, on the other". Whatever approach is adopted there is always going to be what is called "an ideological point of departure" which can be made the subject of explicit statement and scrutiny.

As an example of the kind of discussion which might be held, consideration is given to the evaluation of "suffering", relief of which must be the goal of any health care system. It is argued that "Our *prima facie* duty is towards those whose suffering is the greatest, but other considerations can lead us to qualify and limit that duty, overcoming or modifying the initial bias. Thus, if we have made a minimally decent effort to help those whose suffering is the most severe, we could then be justified in diverting additionally available resources to those who are not so badly off, even if those same resources might marginally improve the worst off. We can judge our efforts by asking whether the balance we have struck does in fact honour the initial bias, without allowing it to wholly trump all other claims".

Further essays in part III deal again with the need to avoid separation between mental and physical health in the allocation of priorities, the problems of striking a balance between democratisation of any decision-taking process and the need for

professional input, and the need to balance the roles of central government and local community. In James Nelson's essay on the second of these issues, the problem of popular bias against the mentally ill is discussed and it is commented that "Mental health care priority setting, to be done justly, must be done by people who see persons with mental illness with empathy and who are alive to broader concerns of social justice as well". It is then optimistically remarked "But to a large extent, these are dispositions that can be nurtured".

For those interested in the complex layers of scientific, ethical and economic problems which must be addressed if an equitable and effective and humane system of allocating resources to the care of the mentally ill is to be achieved, this book sets out and discusses the matrix of interweaving themes which must enter into a full and proper discussion. There is no attempt at some definitive, simplistic or scientifically specious solution. The interplay of fact and value is acknowledged and the necessary complexity of any decision-taking process or procedure is recognised. This book provides a minimal conceptual vocabulary for any debate on these issues and salutary warnings about ignoring issues which must necessarily be addressed if any good outcome to such debate is to be achieved.

Those who have experienced at first-hand the recent reforms in the National Health Service in the UK will be heartened to learn that there is no one monopoly of vision contained in any chosen solution and that any attempted solution which vaunts one possible ingredient (for example market economics) above others is bound to produce incomplete and flawed results.

It is this reviewer's perspective that one of the great philosophical problems of our time in terms of its intrinsic interest and complexity as well as its practical importance, namely how health care resources should be allocated and by whom, has, in the UK, recently been shelved in favour of a crude and incomplete solution drawn from one discipline alone. That there is scope for a wider debate and a wider solution is evidenced by the contents of this book.

CHRISTOPHER HOWARD
152 Harley Street,
London W1

AIDS and the Public Debate

Editor-in-chief Caroline Hannaway,
Amsterdam, IOS Press, 1995, 216
pages, £60.00

At first glance, *AIDS and the Public Debate* looks not unlike many other slim, expensive portmanteau collections of articles concerned with the history and medical sociology of AIDS. It is not. For between its covers one may find a series of papers written for the most part in an admirably off-the-cuff manner by several of the most important figures in the development of social and medical research policy-making in the United States, where more than half a million cases of AIDS have already been diagnosed.

Whilst this is not book of specialist medical ethics, it provides much valuable information concerning the ethical and other dimensions which have led to such varied and uneven patterns of the incidence and prevalence of HIV and AIDS. The courageous former Surgeon General of the United States, C Everett Koop, explains almost laconically how he was officially cut off from inner US government discussions of the epidemic for three and a half years after the announcement of the first cases in 1981. President Reagan was unable to utter the "A word" in public until April 1987, with consequences that are only too tragically apparent in American statistics – and human suffering.

Whilst there are no articles specifically concerned with the ethics of clinical trials, many contributors have important things to say about this important area. For example, the Director of the US National Institute of Allergy and Infectious Diseases (NIAID), Anthony S Fauci, describes from the inside the interactions between community-based AIDS activists and the leading institutions regulating American research policy-making. He concludes that after an early initial stage of confrontation, activists became an "invaluable resource" in developing better protocols, that were also more "user-friendly" for people living with HIV or AIDS. He also notes that the establishment of the parallel track mechanisms, pioneered by activists and scientists, had the great benefit of sustaining the necessary, rigorous testing process of new potential treatment

drugs, whilst not forcing people into clinical trials against their will. In a similar vein the President of the Vaccine Division of Merck and Co inc describes in some detail the emergence of an inter-company collaborative ethos within the US pharmaceutical industry.

Whilst it is widely fashionable amongst some commentators to make lurid analogies between AIDS and the great plagues of world history, the distinguished medical historian Allan M Brandt goes out of his way to highlight the specificities of AIDS in the twentieth century – not least in relation to ongoing debates about language and other forms of reporting and representation, observing that debates on such topics are not simply about abstract semantics, but have real political significance in relation both to public perceptions and concrete policy-making. Like several other contributors, his analysis goes some way to explaining why demonstrably effective HIV/AIDS prevention measures have themselves been so widely prevented, rather than the transmission of HIV.

Sadly the non-American writings about the international consequences of AIDS are of a uniformly lower level of analysis and significance. Indeed, it is very noticeable that the French and British contributions almost entirely lack any awareness of AIDS as an epidemic, that is, as a large-scale human disaster. Thus Anne Marie Moulin restricts her analysis to the familiar and widely reported French scandal whereby 2,000 people, half of them haemophiliacs, were infected through blood and blood products. Yet we learn nothing whatsoever of the way tens of thousands of cases of HIV infection in France related to the continuing governmental inability and/or refusal to respond to the desperate needs of injecting drug users, prisoners, and homosexuals. Not far below the surface of her article lies the familiar, distasteful notion of "innocent victims". The story she tells is salutary and in many ways shocking, but it adds nothing to our understanding of why France has by far the most serious AIDS epidemic in Europe.

Writing of the voluntary sector response in the UK, medical historian Virginia Berridge displays a similar innocence in relation to the direct consequences of government policies in increasing HIV transmission amongst those at greatest risk, namely gay men. She writes unpersuasively of a supposed "gay liberation agenda" at